



Civil Marriage Ceremony Registration Form



SPOUSE A: _____
(please print legibly)

Address: _____

Home/Cell Phone: _____

Email: _____

SPOUSE B: _____
(please print legibly)

Address: _____

Home/Cell Phone: _____

Email: _____

Scheduled Ceremony: _____
(time & date)

Witness (optional): _____

Signature: _____ Signature: _____

Date: _____

Scan and return this form to: Ann Marie McKay, City Clerk amckay@lagunabeachcity.net